



07-26-06

AF # TW

PTO/SB/22 (12-04)

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

JJJ-P01-570

Application Number

09/423943

Filed

March 8, 2000

For METHODS FOR EVALUATING TISSUE MORPHOGENESIS AND ACTIVITY

Art Unit

1647

Examiner

Daniel Gamett

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ See below
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

Applicant already paid one month fee in the amount of \$120.00. Therefore, the resulting fee for this three month extension is \$1020.00 - \$120.00 = \$900.00

- ☐ Applicant claims small entity status. See 37 CFR 1.27. 07/26/2006 CHERM1 00000000 181945 09423943
- ☐ A check in the amount of the fee is enclosed. 01 FC-1233 900.00 DA
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet.

I am the

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applicant/inventor.

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assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

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attorney or agent of record. Registration Number 55,661

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attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

Signature

July 24, 2006

Date

Erika Takeuchi

Typed or printed name

(212) 596-9947

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 669634945 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 24, 2006

Signature:

(Linda Blake)